

CREDIT CARD AUTHORIZATION FORM



Pamela Wax-Semus, CFE
WS Enterprises

Date: _____

Invoice No.: _____

Client Name: _____

Case Ref.: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

CV2 (Security Code on Credit Card): _____

◆Where to find the CV2:

For Visa/MasterCard/Discover: Three Digit Number on the Back of Card

American Express: Four Digit Number on Front of Card

Billing Address: _____

Billing Address Zip Code for Card: _____

Amount: \$ _____

Authorized by: _____

Please sign or type your name

Send via Email: pamela@tracingqueen.net

or Send to Secured Fax: 805-498-0468

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